	(Requestor's Name)
-	(Address)
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Jup	iter Biz L Name of Lin	LC sited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Name of Person  Piter Biz LLC  Firm/Company	
	365 Ways	sicle Form Rol	Havana, FL 32333
		FL 32333 City/State and Zip Code LLC 6 9mail . Com to be used for future annual report notice	
For further information co	oncerning this matter, please co		,
Courtne Name of	y Harrell Person	at ( <u>229</u> ) <u>224</u> Area Code Daytima	- 0728 e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy (additional copy is enclosed)</li> </ul>
Muiling Address		Samuel A. I.d.	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jupiter Biz LIC

(A Florida Limi	ted Liability Company)	(COFON.)
The Articles of Organization for this Limited Liability Comp	any were filed on	9/2023 and assigned
Florida document number <u>L 23000479745</u>	1	1
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company." the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
		ယ်
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>en</u>	tter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
	Enter Florida street ad	ldress
		. Florida
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title Name Address **Type of Action** January Germany Bolis 305 wayside fu Rd Havana; [ = Add 37333 MGB \_\_\_\_\_ □Change MJZ Cartney Harrell 365 Wayside Fra Rd Havana, FLEAdd 32533 \_\_\_\_\_ Петкоуе \_\_\_\_\_\_ Change \_\_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ 🗆 🗆 Add \_\_\_\_\_\_ □Remove \_\_\_\_\_\_\_\_Change

\_\_ □Remove

. ar ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff <u>Note:</u>	we date, if other than the date of filing:
cord is fil	
Dated	December 7 . 2023.
	Court of a member or authorized representative of a member
	December 7 . 2023.  Courtey Accept  Courtney Harrell  Typed or printed name of signee